

**Best Available Copy**

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
**09/936816**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	2					
4	(1)					
5	(1)					
6	(1)					
7	(1)					
8	(1)					
9	(1)					
10	(1)					
11	(1)					
12	(1)					
13	(1)					
14	(1)					
15	(1)					
16	(1)					
17	(1)					
18	(1)					
19	(1)					
20	1					
21	(1)					
22	(1)					
23	(1)					
24	(1)					
25	(1)					
26	(1)					
27	(1)					
28	(1)					
29	(1)					
30	(1)					
31	(1)					
32	(1)					
33	(1)					
34	(1)					
35	(1)					
36	(1)					
37	(1)					
38	(1)					
39	(1)					
40	(1)					
41	(1)					
42	(1)					
43	(1)					
44	(1)					
45	(1)					
46	(1)					
47	(1)					
48	(1)					
49	(1)					
50	(1)					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		(1)				
52		(1)				
53		(1)				
54		(1)				
55		(1)				
56		(1)				
57		(1)				
58		(1)				
59	1					
60		(1)				
61		(1)				
62	1					
63	1	(1)				
64		(1)				
65	1					
66		(1)				
67		(1)				
68		(1)				
69		(1)				
70	1					
71	1					
72	1					
73		(1)				
74		(1)				
75		(1)				
76		(1)				
77		(1)				
78	1					
79	1					
80	1					
81	1					
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	12					
TOTAL DEP.	76					
TOTAL CLAIMS	52					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS